

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service (DOS) 11/20/01 and 12/04/01?
b. The request was received on 07/10/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g)(4), the Division notified the insurance carrier Austin Representative of their copy of the Requestor's additional documentation on 08/12/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. "A letter Requesting Additional Information" is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 08/05/02
"Carrier paid every other day of work hardening except this one. Carrier denied payment saying the services needed to be pre-authorized...Carrier denied the service 97750-FC saying it is global to Work Hardening...An FCE is NOT global to work hardening."
2. Respondent: no response submitted

IV. FINDINGS

1. Based on the Requestor's updated TWCC-60b and Commission Rule 133.307(d)(1&2), the only dates of service eligible for review are 11/20/01 and 12/04/01.
2. The Carrier's EOB has the denials: A – Preauthorization for this service appears to have been denied & G – This procedure is considered integral to the primary procedure billed.

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
11/20/01	97545-WH	\$102.40 (2 hours)	\$0.00	A	\$102.40*	Texas Workers' Compensation Act & Rules, Rule 134.600 (h)(11); MFG, MGR (II)(C), (II)(E)(5) & CPT descriptor	Documentation in the dispute packet indicates this DOS would not require preauthorization per Rule 134.600. The provider has billed properly per the referenced MFR. Therefore, reimbursement of \$409.60 is recommended.
11/20/01	97546-WH	\$307.20 (6 hours)	\$0.00	A	\$307.20* *\$64.00 per hour less 20%		
12/04/01	97750-FC	\$200.00 (2 hours)	\$0.00	G	\$200.00 (\$100.00 per hour)	Texas Workers' Compensation Act & Rules, Rule 133.304 (c); MFG, MGR (I)(E)(2)(a), CPT descriptor	The carrier denied reimbursement of the functional capacity evaluation (FCE) using the denial "G" global. The only other CPT codes billed and reimbursed on 12/04/01 are for Work Hardening. An FCE is not considered global to Work Hardening. The Carrier's denial is insufficient and does not comply with the requirement of Rule 133.304 (c). Therefore, reimbursement of \$200.00 is recommended.
Totals		\$609.60	\$0.00				The Requestor is entitled to reimbursement in the amount of \$609.60

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$609.60 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 5th day of December 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division